

## Discrimination Complaint Fair Housing

For Office Use

**Important!! Please Read All Of The Instructions On Page 3 Before Starting. Type Or Print In Black Ink.**

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04(1)(m) Wisconsin Statutes]

### 1. Complainant Information

### 2. Respondent Information

Your Last Name	First Name	Initial	<b>Respondent name</b> (Name of the housing provider you believe discriminated against you). If more than one respondent, list each separately on extra sheet.		
Street Address					
City	State	Zip Code	Street Address		
Your Home Telephone Number (      )			City	State	Zip Code
Your Work Telephone Number (      )			Respondent Telephone Number (      )		

### 3. Your complaint may be filed with another agency unless you check "no" below.

☐ Yes See #3, in the instructions page, for more details.

☐ No

### 4. County in which the discrimination occurred?

Name of County: \_\_\_\_\_

### 5. BASIS: You must list a basis for your complaint. (For example: "sex-female," "race-African American," "disability-visual impairment," "sexual orientation-homosexual," etc.)

What is the **basis** for your complaint?

---

**Please go on to the next page**

6. **STATEMENT:** What did the respondent do? List each action you believe was discriminatory.  
(They refused to rent to me or I was evicted or they charged higher rent, etc.)  
Then, say **why** you believe you were treated differently because of the basis you listed above.

7. **DATES:** (month/day/year)

When did the above action(s) first happen?	On what date did it last happen?
--	----------------------------------

8. By my signature below, I acknowledge that I have read the complaint; that to the best of my knowledge, information and belief, the complaint is true and correct, and that the complaint is not being used for any improper purpose, such as to harass the party against whom the complaint is filed.

Signature of Complainant or Authorized Representative	Date Signed
---	-------------

## Discrimination Complaint Instructions--What Is Covered and How to File

If you believe you have been discriminated against in violation of the Fair Housing Law, you may file a complaint with DWD's Equal Rights Division. Your complaint must be filed within **one year** of the action that you believe was discriminatory.

To accept your case, the Division must have certain information. **Make sure you carefully follow the instructions outlined below.** The numbers on these instructions match the numbered sections on the front of this form.

- 1. Complainant:** You must write your legal name, address and telephone number.
- 2. Respondent:** You must provide the complete name, address and telephone number of the housing provider or person that this charge is being filed against. If the respondent is a housing provider, the name of the property owner should be used. If you are not sure who the owner is, you might obtain this information from the manager or realtor, or by asking your local municipal assessor to tell you who pays the taxes on the property. If there is more than one respondent, list each separately.
- 3. Referrals:** The City of Madison Equal Opportunities Commission (MEOC) administers an ordinance similar to state law. The Equal Rights Division will handle your complaint if it is initially filed with us, but we will also refer your complaint to MEOC if the housing is located within Madison's city limits. Your complaint may also be sent to Fair Housing agencies.
- 4. County:** You must write the name of the county where the housing is located.
- 5. Basis:** You must give a basis for your complaint. The Wisconsin Fair Housing Act prohibits discrimination in the rental and sale of housing on the following bases.

▷ RACE	▷ COLOR	▷ ANCESTRY
▷ CREED	▷ AGE (18+)	▷ DISABILITY
▷ SEX	▷ SEXUAL ORIENTATION	▷ NATIONAL ORIGIN
▷ MARITAL STATUS	▷ FAMILY STATUS	▷ LAWFUL SOURCE OF INCOME

**Interference with or retaliation** against any person exercising or assisting with a right granted or protected under the fair housing law is also prohibited.

- 6. Statement:** What was done? You should list each action that you feel was discriminatory. When describing a respondent's action in this section, the individual who took the action should be identified, if possible. Then, tell us why you believe this action was taken because of the basis you listed.
- 7. Dates Action Occurred:** Give us the first and last dates you believe discrimination occurred.
- 8. Your Signature:** Make sure you or your representative signs the form.

Mail your **Completed** and **Signed** complaint to one of the following Equal Rights Division offices:

EQUAL RIGHTS DIVISION  
PO BOX 8928  
MADISON WI 53708

Telephone: (608) 266-6860  
FAX: (608) 267-4592  
TTY: (608) 264-8752

EQUAL RIGHTS DIVISION  
819 N 6TH ST ROOM 255  
MILWAUKEE WISCONSIN 53203

Telephone: (414) 227-4384  
FAX: (414) 227-4084  
TTY: (414) 227-4081

### Equal Rights Complaint Process Information

For effective complaint handling, please complete and return the following information with your complaint.

Your Last Name	Your First Name	Your Middle Initial	Today's Date
Your Social Security Number *	<i>* Not mandatory - used only for internal identification, accessibility and accuracy of records within the Equal Rights Division</i>		

**Witnesses:** Please include the names, home addresses and telephone numbers of persons who know what happened to you or may have seen, heard or experienced treatment similar to yours. Witnesses are not character references. They are people who have relevant information about your complaint and are willing to cooperate in the investigation.

--

**Availability:** (Important! You must notify the Department if you change your address or phone number. If we are unable to locate you, your complaint may be dismissed.)

What Days and times are you usually available to discuss your complaint?

Is there a telephone where we can reach you during the day? ☐ Yes ☐ No

If so, please provide the area code and number: (       )

In case we cannot reach you, please provide the name, address and phone number of a person who **does not** reside with you but will always know where you live and how to reach you.

Name		Street Address	
City	State	Zip Code	Telephone Number (    )

### Settlement Information

At this time, what would you accept to settle your complaint?

--

Please go on to the next page

### Complaint Information

Have you filed this charge with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, name of agency?	Date Filed
---	------------------------	------------

### Statistical Information

<b>Complainant Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female								
<b>Complainant Race</b> (check appropriate box or boxes)  <table><tr><td><input type="checkbox"/> American Indian or Alaska Native</td><td><input type="checkbox"/> Native Hawaiian or Pacific Islander</td></tr><tr><td><input type="checkbox"/> Black or African American</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Unknown</td></tr></table>			<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander							
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian							
<input type="checkbox"/> White	<input type="checkbox"/> Unknown							
<b>Complainant National Origin or Ethnic background</b> (check one)  <table><tr><td><input type="checkbox"/> Hispanic or Latino</td><td><input type="checkbox"/> Arab, Afghani or Middle Eastern</td><td><input type="checkbox"/> Other</td></tr></table>			<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Arab, Afghani or Middle Eastern	<input type="checkbox"/> Other			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Arab, Afghani or Middle Eastern	<input type="checkbox"/> Other						